



Advice Sheet for GPs for completion of the NEW DNACPR form March 2016

Box 1 is ESSENTIAL to indicate that the patient has or has not got capacity

Box 2 needs a brief indication of the clinical reasons for a DNACPR
eg. Carcinomatosis and frailty

Box 3 Record a brief summary of the matter discussed with patient or those who have Court of Protection/Welfare responsibility or are identified by the patient as being the responsible relative e.g. son/daughter
eg. Patient aware but mild dementia so discussed with Next of Kin

Box 4 Record other family or for example Court of Protection issues here
eg. Daughter aware

Box 5 Details of other members of the team could be entered especially if discussed at your GSF meeting e.g. Macmillan PCS; Advice taken from a colleague or Consultant
eg. Ann Smith GNC 44444466

Box 6 To be signed by a Nurse Practitioner, Lead District Nurse, Nursing Home Sister or F2 Doctor
eg. Name: Dr Smith, GMC 666666666 Position: F2 DR

Box 7 The form needs a GP signature at box 7 to ensure there is no query about its validity. This should only be signed by Clinicians GP ST3 or above without the requirement for counter-signature of the responsible GP[subject to approval of the Training Practice]. This can also be signed by a senior palliative care nurse (pending agreement with SSOTP/DMH). Ensure if appropriate a review date is identified , but it is acceptable in most cases to indicate *'indefinite'*

It is suggested that GPs record in medical notes the information entered onto the DNACPR, however it is not recommended taking a form out of a patient's home to scan onto practice systems.